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CHOLERA AS IT APPEARED IN CALIFORNIA.

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ABOUT the middle of October, 1850, we descended from the high granitic crest of the Sierra Nevada to the low alluvial valley of the Sacramento. On quitting the mountain streams and reaching the valley, the traveller sees unrolled before him a vast plain, receding until it vanishes in the far horizon.

Fresh from the salubrious influence of a mountain atmosphere, we found ourselves breathing one dense and sultry, and saturated with dust and impurity. At this season of the year all nature is dry, sere and parched, and presents more the appearance of an arid desert than a fertile valley. Neither hill nor cliff rises, to break the uniformity of the wide-extended plain; only here and there a lone tree, or occasionally a *bank*, rising sensibly higher than the adjoining parts. These *banks* abound in lime and fragments of sea-shells, and instinctively recall to the mind the more ancient condition of the globe, when these elevations were shoals, and the valley itself the bottom of a vast gulf, or Mediterranean sea. And even now, the illusive phenomenon of the mirage, which is common on these plains, almost deludes one into the belief that he is surrounded by a sea, or on the surface of a great watery mirror. All objects appear to hover in the air; trees, cattle, horses and men, appear inverted in the atmosphere.

On reaching Sacramento City, we found that the dread scourge, cholera, had just made its appearance, in more than an ordinarily malignant form. The panic was great, and well it might have been. For never, perhaps, was a city in a better condition to propagate an epidemic in all its malignancy. The situation of the town is low, and subject to annual inundations; the streets were filthy in the extreme, and the alleys and back yards filled with decaying vegetable and animal matter. Sutter Lake, situated within the suburbs of the city, contained a vast amount of stagnant water, dead and putrid fish, and all manner of filth, which produced an intolerable stench. The atmosphere was close and sultry, and void of electricity. Altogether the city presented all the conditions that one would think requisite for the disease to flourish in all its horrors and mortality. And in addition to all this, as if to favor its mortality still more, the blood of a large majority of its victims, from

diet and habits of living, was, to a greater or less extent, in a scorbutic condition; and whenever this was the case, the disease was always sure to prove fatal.

For the first few days after the onset of the epidemic, every case proved mortal; there was no instance of recovery for three or four days. The first case of the epidemic that I saw in the city, was a patient of my esteemed friend, Dr. W. G. Proctor, who died in about six hours after the attack. I treated several other cases afterwards before leaving the city, but with very limited success.

In the meantime, I had engaged passage for Realejo, on the barque "Splendid," of Boston, Harding master, which was to sail on the 28th of October. The master offered me the surgeon's place, which I accepted; but in doing so, little did I suspect the immense labor that I was assuming, or the melancholy sequel that was to follow.

The day set apart for the sailing of the *Splendid* arriving, I left the city and boarded her in the capacity of Surgeon and Physician. The vessel was to have been towed down to San Francisco by steam, but owing to disappointment in getting a tow-boat, according to contract of our captain, it was not done. The disappointment was in consequence of the engineer of the tow-boat having died of cholera, on the passage up the river, and the inability to get another in time to comply with the engagement. The result was that we had to float down by the current most of the way to Benicia.

The Captain was ill of a mild form of the epidemic when we went on board, but the entire crew and all the passengers seemed to be in good health, and but little complaint amongst them, considering the evident insalubrious state of the atmosphere, and the known prevalence of the disease in the city. Under these circumstances, late on the evening of the 28th, we weighed anchor and dropped down with the current, on our way to San Francisco; but we had scarcely gotten our anchor clear, when I was summoned in haste to the fore-castle, to see the cook. On reaching him, I found him laboring under a severe attack of cholera—surface clammy and shrunk, great pallor, cramps, extremities cold, and almost pulseless. Wishing to avoid the ill effects of a panic, after giving him a heavy dose of anodyne and carminative medicine, I immediately went to the mate, and had him conveyed to the shore, and sent to the hospital, without letting the passengers know the nature of his malady. At the same time, I ordered the chloride of lime to be freely used in the hold of the vessel. After this, all went on well for about thirty-six hours, when I was called to see a man by the name of J., aged about 32 years, whom I found voiding every few minutes profuse rice-colored discharges, features shrunk, surface cold and clammy, pulse quick and frequent, but almost imperceptible, and violent and excruciating cramps. Yet in this condition was he trying to walk about, and it was with difficulty that I could induce him to take his bunk. Finally succeeding in getting him to bed, I gave him a portion of the following: R. Tinct. opii, ʒj.; tinct. capsici, ʒj.; tinct. camph., ʒj.; tinct. kino, ʒj.; tinct. catechu, ʒj.; oil carophyl, ʒj. Dose a teaspoonful, repeated every fifteen or twenty minutes, until the discharges are arrest-

ed, or the pernicious influence of the narcotic became apparent. After this I administered full doses of calomel. To relieve the spasms I administered chloroform, in drachm doses, repeated according to the urgency of the symptoms, with much benefit. So potent and effectual was this remedy, in combating this symptom, that I never used it in a single case that its effect was not immediate and happy—always relieving the cramps, and giving temporary relief, at least, to the patient. After giving it to J. he revived, and seemed comparatively free from suffering for some hours, but eventually sank, and died after an illness of about twelve hours. But before this event occurred, there were a dozen other cases, and the panic with the passengers was complete; all was confusion among them; terror, dread and consternation were depicted in the countenances of the bold and firm, as well as the weak and timid. To such an extent were they frightened, that it was with the greatest difficulty that I could induce the well to nurse the sick, or give them any attention. To avoid a monotonous array of cases, I would merely observe, that my general practice, throughout the entire course of the epidemic, was similar to that followed in the treatment of the case above alluded to, with what success must be hereafter determined. Warm baths, in which I placed great reliance as a remedy in the treatment of the disease, from the impracticability of heating water in sufficient quantities on the vessel, could not be commanded. Consequently frictions and counter-irritants were the only substitutes. I had no medical assistant, and but an indifferent set of nurses; under these circumstances my task was not an easy one, and my situation anything but pleasant.

Our vessel was eight or nine days floating and lodging on sand bars (*not sailing*) to San Francisco; and of her 130 passengers on board, not more than eight or ten escaped the disease, in some form or other; some experiencing it very slightly, while others had it more severely. Of the whole number attacked, seventeen died. I was forcibly struck with the great contrast of the disease, as it manifested itself on this occasion, and the character that it ordinarily presented in the Valley of the Mississippi. I could only account for such difference by supposing it to be the result of climatic influences. We know that not only plants and animals, but disease itself, presents different aspects and characters in different lands and climates. In our own temperate region, the *palma christi* (*ricini communis*) and the Cayenne pepper (*capsicum annum*) are annual plants; while in the tropics they become perennial shrubs. The effect of these influences on animal life is not less marked and decided; the same is true of disease. And in virtue of this truth, perhaps, was the cholera essentially different, as it appeared in California, to what I had seen it in Louisiana twelve months previously. Indeed, so materially did it differ from the epidemic as known east of the Cordilleras and Rocky Mountains, that many of the best physicians were disposed to regard it as a different disease.

It may be proper to observe some of the characteristic differences in the disease, as it manifested itself in California, compared with that form of epidemic cholera that I had seen and treated on the Ouachita. In the disease as it appeared in California, there was, in many instances,

an entire absence of vomiting and cramps, and some few, indeed, did not experience any pain. The discharges from the bowels were both frequent and copious, but in nearly all the cases the stools, instead of presenting the characteristic appearance of *rice water*, in color and consistence, were of a light crimson, brown or brick-dust color—as if the *ordinary rice-water discharges* had been charged with these different hues, by the thorough incorporation of greater or less quantities of blood, that had exuded from the entero-mucous surface. J. and four others were the only cases that occurred on the vessel, in which all the symptoms of the *genuine Asiatic cholera* were present. For a long time I was in doubt, and am not yet fully decided, whether to regard the disease as epidemic Asiatic cholera, modified by the universal disposition in that country to inflammation of the intestines: or whether it was a *malignant epidemic form of inflammation and congestion of the bowels*. Certain, however, it was, that its malignancy was increased by an abnormal and insalubrious state of the atmosphere. The atmosphere at the time was thick and hazy, as if saturated with smoke and dust, and almost an entire absence of electricity. Even those that were well, seemed dull and heavy, and indisposed to act; all were low-spirited and dependent. And, as if to add still more to the detriment and discomfiture of the panic-stricken and ill-fated passengers, the air was raw, chilly, damp and penetrating. The gloom on some occasions was sufficient to unnerve the most stout-hearted. I remember one morning, after having been below in the hold all night with the sick, trying to administer to their wants, I came on deck, and found our vessel fast aground on a sand-bar. The sun was obscured by the clouds, and the winds blew bleak and damp, pregnant with disagreeable odors from the dismal sloughs and marshes on either side of the river—all nature seemed to frown; and then, as if to add horror to the scene, and make despair complete, the ear was pierced every moment with the screams and groans of the sick and dying.

In nearly all the cases, previous to the attack (a few hours only, ordinarily) there was a partial suppression of urine, and in some few instances I have reason to believe that I succeeded in arresting the disease, or at least mitigating it to a great extent, by the timely use of *diuretics*. One case I will give in illustration:—C. C., a stout, robust, intelligent man, aged about 45 years, came to me with all the premonitory symptoms, and with them, a total suppression of urine. I immediately gave him a full dose of spts. nit. dulc., and advised him to go to the medicine chest and take a dose of the mixture given on a preceding page, with the further instruction to retire to his berth and remain there quietly. Two hours afterwards I visited him again, and asked him how he was getting on. His answer was, "Well, doctor; I did not take the other dose that you prescribed, but the nitre has made me as straight as a pin, and I do not think it will be necessary to take anything further; my kidneys are acting finely, and I feel as if I would recover without further trouble." However, I was not willing to risk it, and gave him a dose of calomel and Dover's powders; it acted well; his symptoms all disappeared, and there was no recurrence of them. I



never lost a case of the disease when I could get free and consistent bilious discharges.

We reached San Francisco about the 7th of November. On reaching the city, we made arrangements with the authorities as soon as possible to remove some of our sickest passengers to the City Hospital. We sent eight patients to it, three of whom died within twenty-four hours after their admission. These three are included in the *seventeen*, the sum total of the mortality from the epidemic on the vessel.

After reaching the Bay of San Francisco, and coming under the influence of the sea-breeze, we had but few new cases of the epidemic. With the exception of myself and one or two others, there were none. I was taken quite violently with the disease, the morning after we anchored in the port, but it yielded readily to medicine, and I was up again in a few days. What is remarkable in my case is, that I should have exposed myself to the disease so constantly, and mingled with it so much, and yet be about the last to take it. My labor during the whole trip down the river was incessant—waiting on the sick day and night for ten days in succession, during which time I did not sleep, in the aggregate, *eight hours*.

We remained in San Francisco until the 11th of November, when we weighed anchor, unfurled our sails and cleared port, and were soon, once more, on the bosom of the Pacific, on our way to Realejo. We had no more of the epidemic on board after we got out at sea, but had several cases of typhoid fever, of which two passengers died, and several others escaped very narrowly.—*New Orleans Med. and Surg. Journal*.

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#### PALMER'S ARTIFICIAL LIMBS.

[To a medical gentleman, who has given much attention to the subject of artificial limbs, we are indebted for the following paper. The editor was in England at the time when Mr. Palmer's invention was making a great sensation there, and can bear testimony to the admiration with which his artificial limbs were contemplated both by surgeons and those requiring a substitute for lost members. The case referred to below, of the boy at West Cambridge, has been spoken of before in the Journal. It was indeed a triumph of human ingenuity.—Ed.]

In the American department of the *great industrial exhibition of all nations*, the only article of surgical apparatus which was regarded as extra-meritorious, and adjudged worthy of a prize medal, and as superior to anything of the kind ever before invented, either in Europe or America, was "*Palmer's Artificial Leg*." This quite new, thoroughly-tested, and eminently useful invention, which had attracted so much attention, ameliorated the condition of so great a number, and been so highly appreciated by the profession in this country, was also very greatly admired, and extolled as a perfect substitute for the natural limb, by all the leading surgeons in London, Paris, and other portions of Europe.

Among the judges of surgical instruments and apparatus, who awarded the prize medal to Palmer's artificial leg, as an ingenious and superior

specimen of art, far exceeding the best specimens of the first artists in London and Paris ; as answering an important desideratum in the practice of surgery far more efficiently, naturally and delightfully, than any previous apparatus of the kind, were Mr. William Lawrence, F.R.S., President Royal College of Surgeons, and the venerable M. Roux, of Paris. The palm being given to this apparatus by such men of science and experience, especially by M. Roux, who had served as chief operator in the Hotel Dieu for forty years, whose experience and success far transcends that of any other living man, is enough to prove that it has not been overrated in America. No other species of apparatus so perfectly imitates the natural limb in symmetry, structure and function as this. The casement, which is extremely light, and answers to the bones (and also by nice carvings to certain muscular forms or developments), is articulated in a manner which makes a natural appearing and acting knee, ankle and toe-joint ; a contrivance very ingenious and neat, and peculiar to this apparatus, imitating perfectly, in a dressed or undressed state, the ball and socket joints of the natural limb.

The heel, knee and foot cords (operated by springs, cams and eccentrics, and by the stump of the leg) answer the functions of the tendo-Achilles and the gastrocnemii, semitendinosus, vastii and peronei muscles, and afford an amount of strength, and that degree of life-like elasticity, which with the muscular form, and beautifully enamelled, natural skin-like exterior, altogether make this apparatus, in the language of the celebrated G. J. Guthrie, " the most useful, and least distinguishable from the natural limb."

In England and France, as in this country, this artificial leg is regarded as a very great boon to humanity, as well as a valuable acquisition to operative surgery ; enabling the patient to lose his limb with an assurance of *finding it again* ; and the surgeon to remove the natural limb, when necessity demands, with the humane satisfaction that with such an apparatus the usefulness and happiness of his patient will hardly be impaired. With such a contrivance as a substitute for the natural limb, the patient submits to the most fearful operations with scarcely a particle of that dread which hitherto has weighed upon the mind in such circumstances like an incubus, in view of the irremediable loss, while the humane operator can proceed in his work with consoling and satisfactory assurances, instead of silent sympathy and a dread of the *stern necessity*.

Indeed, many individuals, men and women, have already sought for amputation of their limbs, with a pleasurable anticipation (as Mr. Punch anticipated in his admirations and notices of this leg) of being able, with the use of this artificial limb, to have their happiness and usefulness increased by being able to appear and act like perfectly-organized persons, and in being relieved of physical deformities, disabilities and suffering, and consequent mental agony, which they had been taught they must submit to with a humble resignation, it being an *ordinance of heaven* which could not be removed or "*passed from*" them with impunity, *especially if the sufferer was a woman*.

CASE.—Miss ———, a young woman, of 20 years, intelligent, a school teacher, made application to Messrs. Palmer and Co., at Spring-

field, Mass., for relief of her deformity, or some apparatus to ameliorate her condition. One leg was only half the length of its fellow, with a very bad club foot; her thigh of the natural length, and the knee-joint good except a slight deformity caused by the fibula being forced up out of its natural position. She was advised by the physician connected with the establishment, to have her limb amputated below the knee, and thereby relieve herself of such an irremediable deformity, as well as the crutch, and the mental suffering arising from such a condition. A council of surgeons sustained the previous advice, and relieved her mind of the common yet totally unfounded idea that such an operation would surely prove fatal. She returned to her friends, prepared herself for the operation, and went to Springfield and placed herself in the skilful hands of Dr. J. M. Smith, who removed the limb a little below the knee, and healed the stump by first intention. In four weeks from the day of amputation, the young woman had a beautiful and natural appearing and acting artificial leg adjusted, with which she daily walked about town until five weeks had elapsed from the day she left home, when she returned alone, some sixty miles, in the cars, with her cup of joy full.

Other similar cases have occurred. One, a young lady from Buffalo, with a deformity, who submitted to amputation, and is now operating with satisfaction with one of these limbs, and illustrating the great blessing this invention confers upon humanity. Another case will illustrate this fact. It is one which has been deemed irremediably hopeless *hitherto*. It occurred in the person of J. M. Sanford, a young man who lost both limbs (one at the thigh) by the tornado which passed through West Medway nearly a year ago. His case was so bad a one, that his friends and medical advisers considered the idea of adjusting a pair of artificial legs to him, which could be of any practical worth, as utopian, and every expenditure made for any such undertaking a foolish one. Encouraged by Messrs. Palmer & Co., he was carried to Springfield, and placed on the floor before them in a helpless condition. In a month's time he returned to his friends, with two as good appearing and acting limbs (apparently) as he ever had—first walking actively with two canes quite a distance, and up and down flights of stairs, then with only one cane, and anon without any, to the inexpressible surprise and joy of his friends, medical attendants and the community. He now walks daily, and is actively engaged in various useful avocations, and no one unacquainted with the fact would suspect that he is in the use of any other than natural limbs.

*July 17th, 1852.*

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ANOMALOUS FOREIGN BODY IN KNEE-JOINT—SUCCESSFUL REMOVAL BY INCISION.

[Communicated for the Boston Medical and Surgical Journal.]

IN June, 1851, I was consulted by Mr. R. M., æt. 22, a laborer upon a farm, and otherwise healthy, in regard to a difficulty of the right knee. The patient stated that, for some months previous, something had appear.

ed at times to "catch," as he termed it, in the joint while using the limb, causing excruciating pain, followed by inflammation and swelling of the joint. The peculiar "catch" had only existed for a few months, but the patient says, "the knee has been a little weak and swollen at times, ever since it received a severe wrench during a scuffle, some four or five years since." Recently he had perceived a loose body, "at times something like a bean," upon each side of the patella and in other parts of the joint, which was freely movable and would easily slip into the joint. Sometimes it was readily detected, but at others it was not. The knee was considerably enlarged, as in chronic thickening of the synovial membrane, and tender to the touch in places.

*Diagnosis.*—After the above history, and manipulating the joint, so as to bring the foreign body outside of it, I did not hesitate to pronounce it a case of *loose cartilage* within the joint.

The probable cause, nature, course, usual treatment, &c., of such cases, were fully explained to the patient, and he was dismissed with the advice to consult older and more experienced counsel, but not to think of an operation unless it should become more troublesome, and then not until a trial had been made to fix or confine it *outside*, or to prevent its *escape* from within the joint.

At my request he called occasionally to report his condition. After my examination, he acquired such dexterity as to bring the substance outside the joint almost at pleasure. After September, 1851, he was not able to attend regularly to his occupation; and as the joint was evidently becoming more thickened and stiffened from the continual irritation to which it was subjected, efforts were made to "fix" the cartilage (?) as I still supposed it, by pushing it as far away from the joint as possible in one of the synovial pouches by the side of the patella; but it was found, upon repeated trials, that it could not be confined *in situ* by any amount of pressure which could be borne, so as to allow any motion of the joint. Efforts were also made to confine it *within* the joint, but with only partial success; while the *cause* of irritation was sure to be at work.

There now appeared but one other alternative, *viz.*, the chance of an operation, and which, owing to the state of the joint, it must be confessed was not very promising. The almost *certain* result of the case as it was, together with the *probable* and *possible* consequences of an operation for the removal of the offending body, were again fully and fairly stated to the patient and friends. Dr. Almiron Fitch, of Delhi, a surgeon of ability and large experience, was also consulted, and coincided fully in the opinion given.

*Operation.*—In March, 1852, I was requested to remove the foreign body by operation. Having enjoined rest, low diet and occasional purgatives during the preceding week, on the 10th inst. I proceeded to remove it—Dr. A. Fitch kindly consenting to be present, and from whom I received material assistance. Some difficulty and delay were experienced in fixing it external to the joint and in the position desired, *viz.*, upon the inner condyle, without too much motion of the joint. The integuments were then tensely drawn forward and downward (nearly

one inch), while the cartilage (?) was firmly fixed by the fingers of an assistant. A longitudinal incision, three fourths of an inch in length, was then carried directly through the integuments; but as it could not readily be removed, a second incision was made so as slightly to enlarge the first, when it was removed with a tenaculum, but with some difficulty, owing to the thickness of the integuments and the unexpected hardness of the supposed cartilage. In form it much resembled an almond, was eight lines in length, six broad and four in thickness. It was completely enveloped in healthy-looking cartilage, and would sink in water. Its substance was osseous or calculous; but unfortunately (and contrary to agreement) it passed out of my possession before I had an opportunity of subjecting it to any chemical or microscopic test.

As the hemorrhage was slight and soon ceased, adhesive straps were applied, a compress over the valvular incision, a figure of 8 bandage over this, and a long splint to the outside of the limb, confined by roller, except over the knee, so as nearly to prevent all motion. Water was applied several times a-day, and was the only application. The diet was light for a few days, and occasional small doses of comp. cath. pill and pulv. jalap comp., were given to procure the regular evacuation of the bowels. There was only a slight exudation of serum, and none of synovia. Union was partly by first intention, and partly by what is called by Macartney the *modelling* process, i. e., without suppuration. The case was closely watched, but there was no inflammation at any time.

After a few days the patient sat up part of the time, but the splint and plasters were not dispensed with until the thirteenth day; after which a compress and fig. 8 bandage were continued, and directions given to use and flex the limb but slightly. From that time he began and continued to go about, and by the 15th of April there was only a slight weakness and some stiffness upon flexing the limb to an acute angle. In six weeks after the operation, Mr. M. was able to follow his occupation and to join, as he was wont to do, in "the giddy mazes of the dance."

*Remarks.*—The operation by subcutaneous incision, as proposed by Professor Syme and M. Goyrand, was hardly practicable in this case, owing to the thickened state of the integuments, though it would in most cases greatly lessen the danger of subsequent inflammation. Wounds penetrating the cavity of joints, especially the larger, have ever been the dread of surgeons, and the usual result an opprobrium to the healing art. This case is a striking illustration of the importance of *perfect rest*, and a simple, but not *too* antiphlogistic treatment, in wounds and injuries of the larger joints—though in regard to the latter the previous habits should be our guide. Here, there was evidently a *want* of action, though the diet was only light for a few days; but had it been more generous, I am satisfied complete union by first intention would have taken place—a result most desirable in wounds of joints.

The history of this case will doubtless satisfy some minds that a *fragment* of bone was nearly or quite detached at the time of the injury mentioned; but to my mind it is not so conclusive. A section of one end revealed a hard friable substance, more resembling calculus. But was a calculus ever covered with healthy-looking cartilage? If so, it is

a most remarkable provision of nature to prevent injury to the joint. May not a peculiar abnormal state of the synovial membrane, from any cause, give rise to adventitious growths or deposits in the synovia as well as in other fluids of the body? Calculous deposits and loose cartilages are not very unusual, but I do not recollect any account of a foreign body in the cavity of a joint similar to the present.

The patient consulted different surgeons, to whom he stated the symptoms and diagnosis; and it is a curious fact that none of them at the time detected the foreign body (though some were satisfied of its existence). At one time, believing it a case of chronic synovitis, counter-irritants and ung. iodini comp. were freely applied, with the view of producing absorption!

J. WASHINGTON SMITH, M.D.

Franklin (Croton P. O.), Del. Co., N. Y., July 9, 1852.

#### STRICTURE OF THE URETHRA.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—The following, which to me has been a case of more than usual interest, involving as it does some matters of practical importance to the profession, is herewith placed at your disposal.

Was called August 29th, 1851, to visit G. S., aged 8 years, small for his age, and very much emaciated from disease. Temperament *nervo-bilious*. I was informed he was first attacked, five years ago, with severe pain in end of penis and difficulty of voiding urine. Pain very acute, especially immediately after urinating. His general health was then good. Obtained relief by use of *anodyne fomentations*, &c. Has, at intervals varying from one or two hours to as many weeks, had a recurrence of the same symptoms, generally increasing in duration and severity till a description of his agony defies the powers of language. Has for a year or two had incontinence of urine, which at this time amounted to a constant dribbling, rendering him an object of disgust from the strong urinous smell. Has been under treatment most of the time for the last five years by every species of *doctor*, from the respectable regular to the despicable *quack*; and still, regardless of the formidable array, the dire disease has raged on. Its christenings have been almost as various as its doctors: some calling it *irritation*; some, *inflammation*; others, *stone*; and still others, *gravel*, &c. The wondering wiseacre *quack* has in this case given to eager friends the most incontrovertible evidence of the power of his nostrums, based upon the testimony of little George; who stoutly asserts that some hard substance often descends along the urethra nearly to the glans, and that at one time he really had it in his grasp, that "it felt hard and got back," despite his efforts, added to the fearfully propelling powers of the "doctor's stuff." The urine has generally been "high colored," and sometimes deposits a pinkish sediment; at times, too, it has been observed to contain mucus; at other times it is clear and white.

*Present State.*—Skin shrivelled; countenance expressive of great pain and uneasiness; tongue covered with a thin white coat; pulse 110,

sharp. Suffers most indescribable pain after every effort to urinate; constant dribbling of urine. The pain is chiefly concentrated in the end of urethra; complains, however, of some pain about the region of the kidneys. Percussion of lower part of the abdomen increases the pain. I made an effort to pass a small sound, which gave rise to much pain when it reached the prostatic portion, which seemed to offer some obstruction, and I found myself obliged to desist. Riding in a carriage of any kind, running, jumping, or even walking, occasions great pain. Prepuce enlarged and elongated. Bowels generally relaxed, but now somewhat costive.

**Diagnosis.**—Inflammation of the neck of the bladder, with stricture of the urethra.

**Treatment.**—After a sufficient anodyne, gr. 4 of calomel, to be followed in the morning with sulph. mag. and senna; the same to be repeated after three days. Dov. pulv. with nit. pot. night and morning. Strong decoction of uva ursi, a wineglassfull, containing eight drops tr. opii, at noon each day. Alkaline solution frequently during the day, and also to use, as a common drink, a decoction of the galium aparine. Foment abdomen. Diet, antiphlogistic.

Sept. 5th.—All the symptoms much relieved. Continue same treatment.

12th.—Has had, since last visit, one severe paroxysm of pain, caused by riding. No more incontinence of urine. Can pass a full stream at will, and with very little pain. Still complains of pain in bladder and loins from any violent exercise. Treatment as on 5th, except the fomentations to give place to the daily application of sinapisms to the hypogastrium.

19th.—Still improving; less pain; general health better. Treatment as before.

26th.—No urinary trouble since last visit; and only complains when he receives a sudden jar. Cervical glands swollen and tender. Has had dysentery part of the week, but is quite relieved; some blisters on the abdomen and loins from the mustard. Treatment mercurial but once during coming week. No other change.

October 3d.—Convalescing. Treatment, omnia mustard. No other change.

18th.—Still convalescing.

31st.—Discharged well.

March 11th, 1852.—Had a slight paroxysm of pain from over-exertion, since which he has continued *well*, and rapidly increased in stature. He now presents a ruddy countenance, and endures all sorts of exercise and exposure as well as other children. C. B. GALENTINE.

*Rush, Monroe Co., N. Y., July 7th, 1852.*

#### CURE BY IMAGINATION—TREATMENT OF RHEUMATISM.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—I have just been looking over the 23d No. of the "Boston Medical and Surgical Journal," dated July 7th, 1852. In it I notice



an "Extraordinary cure of rheumatism, by Dr. J. E. Stewart, Jackson, Tenn." The article is certainly calculated to excite the risibles—as we imagine the ludicrous appearance of the patient in the morning, when daylight revealed the *dyeing* effects of the remedy! But if the doctor had looked deeper into the matter, he might perhaps have learned a physiological truth that would have been of some service to the healing art. In noticing "Acton's Treatise on the Urinary Organs," in the same number of the Journal, you say: "Since it is the business of physicians to cure diseases, their first ambition should be to keep pace with the progress of discovery in the various branches of medicine." Now if the doctor *has* "kept pace" with recent discoveries and experiments in physiological chemistry, and microscopical observations on living organisms, the motion and action of "animal juices," the porosity of animal membranes, ligaments, tendons and other organic tissues—the penetrability and permeability of certain fluids into and through these structures, imparting flexibility, elasticity and irritability to these organs when they have become dried, hardened and brittle by being deprived of the fluids they contain when in a normal condition—he must have learned some important truths in relation to rheumatism, and many other diseases that have heretofore been shrouded in mystery more dark than the ink covering of his hero. He must also have learned that the dull aching pains constantly experienced by the rheumatic patient, are caused by a hardening and contracting of the tendons at the origin and insertion of the muscles, and of the ligamentous appendages about the joints, and a consequent tension of the muscles; and that the sharp, darting and piercing pains on the least motion of the patient in the same disease, are caused by the pressure of these hardened structures upon the nerves that pass through them, or along their parietes. He would also have learned that this hardening, and contracting of the tendons, ligaments, and cartilages, was caused by their being deprived of the fluids that give them elasticity and flexibility when in a normal state. And if he had extended his observations still further with the same laudable desire, viz., "to keep pace with the discoveries in medical science," he would have learned that the nostrum mentioned in the article referred to was a scientific preparation of a naphthaline substance, combined with volatile and fixed alkalies, and *water*—possessing the properties of penetrating and permeating animal membranes, opening the porous tubes, stimulating the absorbents and secretories, and thus restoring healthy action. He might also have learned that even the *ink*, in the case quoted by him (being a tannate of iron), may have played no mean part in restoring the patient—it being a powerful astringent; and being applied *after* the liniment had been freely used, it contracted and closed the external orifices of the minute capillary tubes that discharge the fluids from the surface, and thus retained them until, by the constant pressure, accumulations, and movements outward (called endosmosis), in their efforts to escape, dilated, injected and filled up the indurated tendons, and caused them to become softened, relaxed and flexible, and the man was *cured*—not by "the force of the imagination," but in fact by a purely scientific action of the remedies used. I would not, however, recom-

mend a repetition of the *ink*, as the liniment will effect a cure and not leave a *stain*!

New York, July 13th, 1852.

Yours respectfully,

G. W. WESTBROOK.

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#### DIARRHŒA AT THE ISTHMUS OF PANAMA.

BY JOHN A. LIDELL, M.D., OF NEW YORK.

THIS disease was exceedingly common on the Isthmus. Almost every body had at least occasional attacks of it, and some persons suffered severely.

Besides that depending upon intestinal ulceration we noticed *three* distinct forms: first, the *simple*, or *diarrhœa crapulosa* of some nosologists; second, the *bilious*; and third, the *catarrhal*.

The simple form of diarrhœa resulted principally from excesses in eating and drinking. When food was taken in so great a quantity that it could not be properly chymified in the stomach, and absorbed by the lacteals, it ran off by the bowels, occasioning, in this manner, more or less flux. On the days when rations of fresh beef were dealt out to the men, we always expected that the following morning would bring us a large increase in the number of diarrhœa patients, and we were never disappointed. The fault did not lie in the quality of the meat, but in the quantity which the people consumed. Those who partook moderately of it did not suffer at all.

In most cases the only treatment required was the complete removal of the cause. This we generally effected by a dose of castor oil, containing ten or fifteen drops of laudanum. But in some persons the intestinal mucous membrane was strongly predisposed to take on morbid actions, and the diarrhœa, though simple in its origin, was accompanied by prostration of strength, much griping, and tenderness of the belly. To them it was necessary to administer, besides a laxative, mucilage, small doses of opium, sinapisms, or poultices to the abdomen, and a light unirritating diet.

Bilious diarrhœa seemed to be directly occasioned by the excessive quantity and acrid quality of the hepatic secretion, and was one of the most common forms that came under our observation. The flux in these cases was occasioned both by the abnormal amount of bile poured into the alimentary canal, and by the morbid action (irritation), which its abnormal quality produced in the intestinal mucous membrane.

The following plan of treatment was adopted. At the outset a laxative was administered for the purpose of clearing out the bowels. We used castor oil and laudanum, infusum rhei cum sodâ, pulvis rhei et magnesia and Seidlitz powders; but generally preferred castor oil and laudanum. To neutralize the acidity of the intestinal contents, and to allay intestinal irritation, we gave powders containing two or three grains of bicarbonate of soda, and one quarter or one half grain of opium every four hours, or as often as the bowels moved, commencing as soon as the laxative had operated well. Rest was also conjoined, and a light, bland diet, consisting of arrow-root, farina or oatmeal gruel. The laxative was

repeated every day or every second day if its use was indicated; but such repetition was seldom necessary. This form of diarrhœa was chiefly remarkable for the immense quantity of bile which patients sometimes discharged during the course of an attack. It will be seen that the object we had in view in treating this disease was not to arrest the hepatic secretion, but to improve the quality of that secretion and to shield the intestinal mucous membrane from injury. The excessive biliary secretion seemed in many cases to be a result of a salutary effort on the part of nature, and therefore not to be interfered with except for good cause. The arrest of the biliary secretion under such circumstances seemed always to threaten the patient with a very unpleasant consequence, viz., an attack of jaundice.

The remaining type of diarrhœa which came under our observation on the Isthmus was the catarrhal. The pathological lesion upon which it depended was catarrhal irritation of portions of the mucous membrane of the intestinal canal, of varying extent, accompanied by abundant secretion of mucus. Sometimes this morbid action was confined to the mucous follicles and their immediate vicinity, while in other cases it was probably spread uniformly over a considerable portion of the intestinal mucous membrane. One of the most common causes of mucous diarrhœa was suppression of the cutaneous exhalation, effected either by exposure to the chilly air of the night, by remaining in wet clothes, especially when fatigued, and by standing or sitting in draughts of air to cool when over-heated. Associated with it we sometimes saw catarrh of the respiratory mucous membrane. The term catarrhal is applied to it, not so much on account of the relation last mentioned, as on account of the pathological lesion which produces it. The higher grades exhibited a strong tendency to run into dysentery. The most note-worthy symptom was the abundant quantity of mucus in the evacuations. It is scarcely necessary to mention that cold was not the only cause of catarrhal diarrhœa. Irritation effected by the acidity of the intestinal contents was also a potent cause.

*Treatment.*—Warmth to the belly and the internal use of some of the milder antiphlogistics, such as the nitrate of soda, and opium, with a suitable diet, was generally sufficient to effect a speedy cure. A favorite prescription was “nitrate of soda, ʒ ij.; bicarbonate of soda, 3ss.; tinct. opii, ʒ ij.; mucilag. gummi acacia., ʒ ij.” Mix. Dose, one teaspoonful every two or four hours. Or again we commenced the treatment with five or ten grains of blue pill, followed in a few hours with a tablespoonful of castor oil. After this had operated, the action of the bowels was controlled by small doses of opium, with or without alkalies. If the bowels were loaded we always administered a laxative. If there was abdominal tenderness and much griping, counter-irritation by sinapisms, or hot poultices were very useful.

It is almost unnecessary to state that we did not always see these three types of diarrhœa separate and distinct from each other, but that in the course of examining patients with a view to determine the precise pathological lesions upon which the diarrhœa depended, and of which it was, strictly speaking, but a symptom, we generally found the bilious

and catarrhal forms commingled, and sometimes all three of them were present.

We saw but a few cases of the chronic forms of diarrhœa resulting from ulceration of the intestinal mucous membrane, on the Isthmus. We observed that people afflicted with pulmonary tuberculosis were very liable to attacks of diarrhœa, seemingly uncontrollable by art, and hence such people were immediately sent out of the country to a healthier climate, on ascertaining their true condition. There seemed to be not only a strong tendency to softening of the tuberculous deposits in the lungs, but also to tuberculous ulcerations of the intestines.—*New York Journal of Medicine and the Collateral Sciences.*

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 28, 1852.

*Empirical Remedies.*—Robert Campbell, M.D., of Augusta, Geo., chairman of a committee on this subject, read a report before the Medical Society of the State that reflects much honor on the author. A small, modest pamphlet, containing the whole article, has been published, and for a clear insight into the wiles of quackery, as well as for the exhibition of good common sense and practical wisdom, fully equals, if it does not surpass, all previous efforts in this department of medical literature. He is down upon the clergy with a vengeance, as the main pillars on which empirics generally depend for their success. From their proverbial willingness to certify to what may have been told them by some deluded victim of disease and quackery, coupled with a desire to promote human happiness, they are often duped into aiding and abetting the most unprincipled quacks. Dr. Campbell, however, offers apologies for them, but with a determined spirit tells them of their sins in meddling with that of which they are profoundly ignorant. Our author's plan for eradicating the terrible evil of quackery, is, first, to have an efficient Standing Committee in the Georgia Society, whose duty it shall be to collect and publish all cases of injury from the taking of empirical remedies. Secondly, he would have the facts submitted to the American Med. Association, soliciting of that body the recommendation of a plan for the several State Societies, "for the purpose of accumulating evidence sufficient for the arraignment of this injurious system, as a national grievance." He also would have an abolition of that portion of the patent law that secures the right of mixing and selling secret remedies. This is all very well on paper,—but the idea of extirpating quackery by legal enactments is preposterous. The evil has grown up with our institutions like noxious weeds in a fair garden, and cannot thus be uprooted. Nothing short of correcting the public sentiment by general education, can remedy the great evil under which the whole country is suffering.

*Pirrie's Surgery.*—Messrs. Blanchard & Lea, true to their character for enterprise, have brought out another excellent book on Surgery, by William Pirrie, Professor of Surgery in the University of Aberdeen, &c., illustrated by three hundred and sixteen wood engravings. The volume

is an octavo, uniform in dimensions with the series of first class works on medicine from that house, containing seven hundred eighty-four pages. On the title page is the announcement of *additions*, by John Neill, M.D., one of the surgeons of the Pennsylvania Hospital. A surgeon at our elbow asks what has been added by the Philadelphia editor. His preface will best answer the question. "The editor has, therefore, added but few new articles, some of which are upon subjects that may render it more acceptable to the American student, while the liberality of the publishers has enabled him to increase the number of illustrations." It was evident enough, from the manner the inquiry was put, and from other causes, that an impression is abroad that it is time to examine into the modern mode of riding into professional notoriety on the title page of the works of great men. For our part, we care nothing about it. If such excellent foreign productions as are constantly coming from the medical presses of Philadelphia, are given to the medical public through the influence of gentlemen who are ambitious to select such productions, and fit them for the meridian of the United States, we feel the obligation, and shall do what we can to encourage and sustain them. There are twenty-five chapters in this work, which embrace every conceivable thing belonging to surgery. The subjects of inflammation, and the treatment of wounds, would of themselves make a valuable treatise. After a patient and careful examination, we are constrained to say that there is no better practical guide to every-day surgery, than this. Nothing is more difficult than to decide upon the relative value of professional books which treat of precisely the same subjects. As a general rule, it is a fair inference that the last one published must of course embrace the latest intelligence and improvements.

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*Practical Chemistry.*—Alfred D. Kennedy, M.D., lecturer in the Philadelphia School of Chemistry, has published a letter addressed to his class, on *Practical Chemistry, a branch of Medical Education*, which is pertinent, but quite too short. Perhaps, however, he will have more readers than would have been obtained with a larger work. There are encouraging signs of some revolutionary movements in regard to the shameful manner in which students are taught, or rather not taught, the essential doctrines of the great science of chemistry. Edinburgh, according to this pamphlet, has the odor of a sound reputation in respect to chemical education, next in value to Paris and Vienna, which are the best in the world. It would excite the surprise of many a grave man, were he to learn how and why certain men are made professors, who might have had more reputation in some other pursuit. Some of them are provided with a chair precisely as young partners are admitted into an old mercantile firm, through the influence of their capital. Their money is of more service than their brains.

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*Treatment due Homœopaths.*—Three physicians, formerly in good fellowship with the members of the Medical Society of Connecticut, having become Homœopathic practitioners, it appears that it was resolved, in the Fairfield County Medical Society, that they should be dismissed. In the State Society, the subject was referred to a committee. A report was made by Worthington Hooker, M.D., of Norwich, chairman, a gentleman of whom the new school have had some recent knowledge. It was voted that one thousand copies extra should be published. The document,

as printed, is a pamphlet entitled "*The Treatment due from the Medical Profession to Physicians who become Homœopathic Practitioners.*" A more spirited, cogent argument has not been produced, to show what should be done by the profession generally, although the especial interests of the Connecticut Society are considered by Dr. H. "In view," he says, "of these facts and principles, therefore, your committee recommend, that in accordance with our by-laws, every physician who becomes a Homœopathic practitioner should at once, on proof of the facts, be expelled from the Society."

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*Diseases of Childhood.*—Dr. Reynolds, of Cambridge, late of Gloucester, Mass., is preparing a treatise on the maladies of children, which will be in readiness for the press before many months. The author is an experienced practitioner, a sound thinker, and a medical philosopher. The portions of text submitted for our examination, would meet the cordial approval of the medical press any where, at home or abroad.

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*Homœopathic Journals.*—How can they all be sustained? Much the weakest vessel of them all, is one from Detroit, Michigan. Its articles are homœopathic in every sense. Notwithstanding the surprising fact that it has actually reached the fifth number, the three editors unquestionably have it nearly all to themselves, since it is morally certain no one would ever take a second number after reading one.

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*Lecture Season.*—Circulars are falling in upon us like autumn leaves. Preparations are making in over thirty schools of medicine, besides dental institutions, for an influx of students. With an increase of population, there is a corresponding increase in the numbers required for the professions. Among the announcements that happen to be before us at the moment of penning these observations, is one from St. Louis University, and another from the Cincinnati College of Dental Surgery. Within the memory of thousands of living men, the cities in which these institutions are located were unoccupied prairie land. At St. Louis twenty-three were graduated with the degree of M.D., at the close of the last term. The school has a strong faculty, and an ample field for operation. This is the eighth year of the existence of the Dental College at Cincinnati, which has been increasing from year to year, in facilities for thorough instruction. With regard to the cost of a course of lectures at this college, \$100, with five dollars additional for matriculation, and twenty-five beyond for a diploma, indicate that the price is high, or that the course of instruction is of a character to command classes.

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*Progress of Life and Death.*—From Hunt's Merchant's Magazine, the following curious statistical memoranda have been taken, deduced from the late census of the United States:

"Among the interesting facts developed by the recent census, are some in relation to the laws that govern life and death. They are based upon returns from the State of Maryland, and a comparison with previous ones. The calculation it is necessary to explain, but the result is a table from which we gather the following illustration:

"10,268 infants are born on the same day and enter upon life simulta-

neously. Of these 1,243 never reach the anniversary of their birth. 9,025 commence the second year, but the proportion of deaths still continues so great, that at the end of the third only 8,183, or about four-fifths of the original number, survive. But during the fourth year, the system seems to acquire more strength, and the number of deaths rapidly decreases. It goes on decreasing until twenty-one, the commencement of maturity and the period of highest health. 7,134 enter upon the activities and responsibilities of life—more than two-thirds of the original number. Thirty-five comes, the meridian of manhood; 6,302 have reached it. Twenty years more, and the ranks are thinned. Only 5,727, or less than half of those who entered life fifty-five years ago, are left. And now death comes more frequently. Every year the ratio of mortality steadily increases, and at seventy there are not a thousand survivors. A scattered few live on to the close of the century, and at the age of one hundred and six the drama is ended. The last man is dead."

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*Michigan College of Medicine and Surgery.*—So princely is the endowment of the University, through the munificence of the State, that all the professors are paid from interest money accruing from the sales of public lands. Spacious and elegant buildings, with very extensive grounds, and whatever can contribute to the usefulness, comfort and dignity of a rich, independent institution of learning, have been prepared. Unlike any other medical college on the face of the globe, the students have nothing to pay for lectures. We have, on a former occasion, adverted to this remarkable feature of the school.

"The object of thus providing Free Medical Education (says the circular), is not, as some superficially acquainted with the plan adopted have supposed, simply to furnish a cheap mode of getting into the profession, or of collecting together a large number of students, or of enabling an institution of few advantages to compete successfully with those of higher claims; but to secure an end sought by the National Medical Association, and earnestly desired by the profession generally, and which *there is no other feasible mode of obtaining*, viz., a higher degree of proficiency, both *general and professional*, prior to the reception of the diploma of Doctor in Medicine—a proficiency having due relation to the present advanced stage of medical science."

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*Rhode Island Medical Society.*—At the Annual Meeting of this Society, held in Providence, June 30th, the following gentlemen were elected officers for the year ensuing:—Joseph Mauran, M.D., of Providence, *President*; Sylvanus Clapp, M.D., of North Providence, and Charles W. Parsons, M.D., of Providence, *Vice Presidents*; E. M. Snow, M.D., of Providence, *Recording Secretary*; J. W. C. Ely, M.D., of Providence, *Corresponding Sec'y*; Geo. P. Baker, M.D., of Providence, *Treasurer*.

Drs. S. Augustus Arnold, Theophilus C. Dunn, George H. Church, Jarvis J. Smith, Otis Bullock, Joseph W. Fearing, Ezekiel Fowler, and Hiram Cleveland, *Censors*.

A very instructive and philosophical discourse was delivered by Dr. Isaac Ray, Superintendent of the Butler Hospital. Dr. J. W. C. Ely, of Providence, was appointed Orator for the next Annual Meeting, and Dr. Sylvanus Clapp, of North Providence, substitute.

The Committee on Registration reported, through its chairman, Dr. Jo-



seph Mauran, that the Legislature had so amended the Registration Act, that full and complete returns might be expected for the future.

It was announced that the Fiske Fund Premium of \$50, for the best dissertation on the displacements of the uterus, their local and constitutional effects and best mode of treatment, had been awarded to Dr. J. F. Peebles, of Petersburg, Va.

The Trustees of the Fiske Fund propose the following subjects for 1853:  
1st. Medical evidence before legal tribunals, the best method of relieving its uncertainties and contradictions.

2d. Puerperal Anæmia, its history, nature and best mode of treatment.  
The following subjects are suggested for 1854:

1st. Neuralgia, its nature and best mode of treatment.

2d. Puerperal Peritonitis, its history, nature and best mode of treatment.

J. W. C. ELY, *Corresponding Secretary.*

*Medical Miscellany.*—Cohita, an Indian Chief, on Trinity river, Texas, died lately, at the supposed age of 120 years.—One hundred and fifty persons died in New York, during the last twelve months, of delirium tremens! There were nine murders caused by rum, and nearly ten thousand five-day commitments for drunkenness during the same time.—A man has removed from New Jersey to California, who has twenty-two children!—Pennsylvania has the largest number of deaf and dumb in the U. States. New York the most insane, blind and idiotic.—Smallpox is again raging at Jamaica, with a prospect of being widely extended.—A disease resembling cholera is represented to be extremely fatal to the negroes in Charlotte and Mecklinburg counties, in Virginia.—Dr. H. M. Harlow, of Westminster, Vt., has received the appointment of Medical Superintendent of the Lunatic Asylum at Augusta, Me.—In the circular of the professors of the Michigan School of Medicine, the faculty propose the establishment of a Medical Journal as a medium of expression for the profession of the State.—The public health was good at San Juan, at the last advices.—It is sickly at Navy Bay and Gorgona.—Cholera has appeared at so many points, south and west, that it is quite useless to attempt keeping pace with its extension.

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NOTICE.—Subscribers and others are hereby informed that O. W. Kibbe, who was authorized last fall to receive subscriptions for this Journal, is no longer an agent for the same, and no receipt by him will be considered valid after this date. Publishers of other Medical Journals may confer a public benefit by circulating the above notice.

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ERRATA.—Page 496, line 14, for "medicine" read medium; line 31, for "Bugay" read Bregny; line 43, for "Carru" read Caron.

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MARRIED.—J. P. Knight, M.D., of Webster, Mass., to Miss M. G. Bixby.

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DIED.—At San Francisco, Dr. Moreau Forrest, formerly U. S. Marshal of Maryland, 47.—At West Minot, Me., Dr. Robert Carr, 69.—In Paris, Dr. Racamier, well known throughout the world.—In Groton, Mass., 17th inst., of ulceration of the bowels, Maria A., wife of Norman Smith, M.D., aged 23 years.

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*Deaths in Boston*—for the week ending Saturday noon, July 24th, 30.—Males, 35—females, 45. disease of bowels, 5—inflammation of bowels, 2—inflammation of brain, 3—consumption, 14—convulsions, 4—cholera morbus, 1—cholera infantum, 4—cancer, 1—croup, 4—dysentery, 2—diarrhoea, 1—dropsy of brain, 1—typhus fever, 2—typhoid fever, 1—scarlet fever, 5—hooping cough, 1—intussusception, 1—infantile, 7—inflammation of the lungs, 1—marasmus, 2—measles, 1—old age, 2—scrofula, 1—tetanus, 1—teething, 3—tumor, 2—unknown, 2.

Under 5 years, 41—between 5 and 20 years, 9—between 20 and 40 years, 17—between 40 and 60 years, 5—over 60 years, 8. Americans, 28; foreigners and children of foreigners, 52. The above includes 8 deaths at the City institutions.

**Rape—the Doctors would have it.**—At the November circuit of Columbia county, Parker, J., Newton Gay was convicted of a rape upon the person of Sarah Pilling, and is now serving a ten years' term in Sing Sing State prison. It is at present ascertained that Miss Pilling most sacredly denies that he ever committed the outrage, and declares him wholly innocent, although she swore to the contrary at the trial! She has visited him in prison, has sought interviews with the Governor and with the Judge, soliciting his immediate pardon, and asserting her unhappiness at the result, and deep contrition for the enormous injury she has inflicted.

This case brings to mind another of similar nature tried before Judge Wright, in Sullivan county, a few years ago. The rape was positively sworn to by the female—the physicians testified to the mutilated condition of her person, her arms were black and blue, her garments torn, etc., and her appearance betokened the most brutal assault. The young man, who had always sustained the most exemplary character, was convicted and sent to Sing Sing. After having been there some six or seven months, his health became poor, and he was much enfeebled. But Providence prevented the sacrifice of his life. The female was taken sick, and on her dying bed confessed her guilt, declaring before Heaven that the laceration and bruises about her person were done with her own hands for the purpose of sustaining evidence. In this case it may well be said that

“Hell hath no fury like a woman scorned.”

We should like to know, of the *dramatis personæ* who felt the most *streaked*—the prisoner with his felon's shirt, the woman who *never* had it done, or the doctors who swore it had been *done*. We would be under obligations to any one who would furnish us with the names of these lanterns in medical jurisprudence.—*Northern Lancet*.

**Nitrate of Silver in the Diarrhœa of Children.**—Dr. Cenas reports in the June number of the New Orleans Medical Register, several cases of obstinate diarrhœa in children, for which he prescribed the crystallized nitrate of silver, with almost immediate beneficial effects. In the course of twenty-four hours the discharges ceased to be so frequent, and assumed a much more healthy appearance. The cases he names were undoubtedly obstinate, but all speedily yielded to the efficacy of the medicine. He gave (we quote from memory) one grain of crystallized nitrate of silver in one ounce and a half of mucilage gum Arabic; of this the little patient took teaspoonful doses every four to six hours, according to the frequency of the discharges and the intensity of suffering. He gave it by the mouth only; it was not employed by injection.—*New Orleans Med. and Surgical Journal*.

**Pharmaceutical Society.**—We are glad to be able to announce that, at last, a movement is on foot to establish in our city a Pharmaceutical Society. All the preliminary steps have been taken, and probably by the time this number is circulated, the society will be fully organized. We believe that every apothecary in the city has signified his approval of the scheme, and unless there be a conflict of interests—dollars and cents—which will prove fatal to the movement, we have no question of its success.

We hope this enterprise will succeed fully, and our pages are open for all its scientific and literary labors, and, if favored with them, we shall notice all its transactions.—*Richmond (Va.) Stethoscope*.

